A matter for debate

Graham Penfold and Dental Tribune discuss recall intervals

L ast month dentists were accused of ‘exploiting’ the new General Dental Service (GDS) contract to maximise their incomes, denying thousands of patients access to treatment, by recalling healthy patients for check-ups too frequently. Chief Dental Officer (CDO), Barry Cockcroft, told The Times: ‘A few dentists seem to be calling in patients inappropriately. The Primary Care Trust (Primary Care Trust) must sort this out at a local level.’

‘Surely, it is for a dentist to decide in conjunction with the patient how and when they should be seen’

Dental Tribune: ‘So Graham where do you stand on this? There are a lot of ‘conspiracy’ theories going around. The Government got a bloody nose over the Health Committee report and is trying to deflect the criticism on to dentists. It’s coming round to Review Body evidence time of year. Or is it just that the figures from the new FP17s happen to be coming in now, showing that dentists are seeing patients too frequently?’

Graham Penfold: ‘I do not really like terms like ‘a few’ or ‘too frequently’; they are far too vague! Exactly, how many is a few? It does not sound like very many and if that’s the case then what is all the fuss about because it cannot be having that much impact? Also, what does too frequently mean? Surely, any ‘irregularities’ should be exposed, but let us look at two key points. What evidence is there to support a shorter recall interval for adults or one year for children? I meet with many dentists and I am yet to find one who would support a recall interval of two years for adults; one year is the maximum and that is not suitable for all adults. An awful lot can happen and change in two years. As for children, their teeth can undergo dramatic changes in a short space of time due to a wide variety of factors. For me, under the NHS, all longer recall intervals are really about are freeing up dental capacity to sort out the access issue; it would be interesting to hear the defence societies views on this area! In addition, it has to be said that the deeply flawed new contract has put the need for commercial survival and best patient care at stark conflict with one another, but let’s point the finger of blame for that firmly where it belongs; the senior ‘policy’ makers at DoH.’

Dental Tribune: ‘The British Dental Association (BDA) challenged the Government to prove their assertions, surely a risky strategy. Many years ago I used to discuss dento-political matters with a local MP, Ken Veetech (Ipswich). His advice was never to ask a question of the government unless you knew the answer; he was in opposition at the time. If, as seems likely Ministers can prove that some dentists are not following the guidelines then the BDA has egg on its face. Anyway what are they doing admitting that they don’t know? It looks incompetent.’

Dental Tribune: ‘But two of the measures collected by the NHS are really about are freeing up the dentists on their patch to do the best possible job. Surely they can tell us how often you can have your teeth checked? They might have to wait, say, up to 24 weeks, by this method, PCT’s could claim that the access issue has been resolved satisfactorily.’

Dental Tribune: ‘Of course if you are a dentist and don’t like the NICE guidelines, you can always see the patient privately. Or will private practice be governed by NICE?’

Graham Penfold: ‘I believe that the most appropriate recall period is that agreed between the dentist and their patients based on best clinical practice, individual to each patient, and completely free from external influences particularly those which are politically driven. Happily, private practice does not have to face the PCT/NICE drumbeat of ‘you don’t need to see your dentist so often’ and long may that be the case. Long live clinical freedom.’

For further information, call Practice Plan on 01691 684135 or visit www.practicelplan.co.uk.

About the author

Graham Penfold has a degree in political science and a special interest in primary dental care policy making. He was director of influence and computing with Norfolk family health authority and a partner in the firm of management consultants the Wilcox Penfold partnership who advised both Norwich Union Healthcare and the Royal Bank of Scotland. He was a director of Oasis Healthcare plc for four years and is now operations director with Practice Plan.